

**MARYLAND DEPARTMENT OF AGRICULTURE
SENIOR FARMERS' MARKET NUTRITION PROGRAM
2015 APPLICATION, ELIGIBILITY & PROXY FORM**

RIGHTS AND RESPONSIBILITIES

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Participant Name: _____ **Date:** _____
(Person the checks are for)

Residence Address: _____

Telephone Number: _____ **Birthday:** _____
(month/year)

Please check the box of the most appropriate identifier for each.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

"The U. S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136. (Spanish). USDA is an equal opportunity provider and employer."

I hereby acknowledge with my signature that I am a Maryland resident, I am 60 years or older and my household income is within the income guidelines referenced below for participation in SFMNP. I also acknowledge that I will not 'dual participate' in the program by agreeing not to seek Senior Farmers' Market Nutrition Program vouchers at any other location after I have received them here.

Participants Signature _____
(Person checks are for)

Staff Signature: _____

Agency Name: _____

Date of Certification: _____

Sequence of Checks Distributed: Check # _____ - Check # _____

If the Participant is using a Proxy to pick up the Checks

This portion must be filled out.

**The proxy must take this form to a distribution site in the county the participant resides within.

Proxy Name: _____
(Person picking up the checks)

Date: _____

Proxy Signature _____
(Person picking up checks):

Staff Signature: _____

Agency Name: _____

Date of Certification: _____

Sequence of Checks Distributed: Check # _____ - Check # _____

SFMNP INCOME ELIGIBILITY GUIDELINES

To be eligible on the basis of income, an applicant's gross household income (i.e. before taxes are withheld) must be no more than 185 percent of the U.S. Poverty Income Guidelines.

The guidelines for SFMNP are shown below.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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SFMNP INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2015 to June 30, 2016)

Household Size	130%					185%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
48 Contiguous States, D.C., Guam and Territories										
1	\$15,301	\$1,276	\$638	\$589	\$295	\$21,775	\$1,815	\$908	\$838	\$419
2	20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
Each Add'l Fam Mem Add	+ \$5,408	+ \$451	+ \$226	+ \$208	+ \$104	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148

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